

Perpetual MySuper

Perpetual Superannuation Limited ABN 84 008 416 831 AFSL 225246 RSE L0003315 MySuper product authorisation number 51068260563643

APPLICATION TO REDUCE OR CANCEL COVER

Please complete all pages of this form in black ink using BLOCK letters.

- If you wish to **reduce** your cover under Perpetual MySuper you should complete **Section 1 and 2** of this form and sign the Declaration at Section 4.
- If you wish to **cancel** cover under Perpetual MySuper you should complete **Section 1 and 3** of this form and sign the Declaration.

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client number		account number	
investor name			
c/- (if applicable)			
postal address			
suburb		state	postcode
country			
phone (after hours)		phone (business hours)	
mobile		fax	
email			

2. Reduce cover

I wish to reduce my current level of cover and require the following level of cover:
Please make a selection below:
Death only
nominate a fixed-dollar cover amount
for death: \$, .
TPD only
nominate a fixed-dollar cover amount
for TPD: \$, .
Death and TPD
nominate a fixed-dollar cover amount
for death: \$,
for TPD: \$,

2. Reduce cover (continued)

Salary continuance

nominate a fixed-dollar cover amount													
to a value of: \$, per month													
select your waiting and benefit period:													
no change													
change your waiting period (if increasing only):	30 days	60 days	90 days										
change your benefit period (if decreasing only):	2 years	5 years	to age 65										

Note: Please complete an insurance application form available at www.perpetual.com.au/resources-and-documents if you wish to **decrease your waiting period and/or increase your benefit period** as these changes are subject to underwriting. Approval of any change will be confirmed in writing.

3. Cancel part or all of your cover

Complete this section if you want to cancel part or all of your cover. Please put an (X) next to each type of cover that you want to cancel and note that Perpetual MySuper allows for Death or TPD only cover.

Once cover is cancelled you will no longer be insured for that cover and you (or your beneficiaries) will not be able to make an insurance claim for that type of cover. If you cancel your cover and decide to apply for that type of cover in the future, you will need to complete an insurance application form and go through underwriting.

Please cancel my: Death only	y TPE	O only Death and Ti	PD Salary continuance

4. Signature and declaration

Privacy statement

I have read and understood the privacy disclosure as detailed in the Perpetual MySuper PDS and incorporated by reference documents that form part of the PDS. I consent to my personal information being collected and used and disclosed in accordance with the privacy disclosure.

I acknowledge that:

- I have read the 'Insurance in your super' document which forms part of the PDS and I elect to reduce or have no cover under Perpetual MvSuper.
- I understand that any cover I currently have, and the premium payable, will be reduced or cease from the date that Perpetual receives this fully completed application.
- If I have chosen to cancel part or all of my cover, I will not be entitled to the part, or all, of the cover that I have applied to cancel after the date that Perpetual receives this fully completed application to reduce or cancel cover.
- Should I wish to apply for or increase my cover with Perpetual in the future, I will be required to go through underwriting by
 completing an insurance application and my cover will not commence until the Insurer has accepted my application for cover
 in writing.

signature								dat	e	/		/		
print name														

5. Mailing instructions

Return this form to:

Reply Paid 4171 Perpetual Select GPO Box 4171 Sydney NSW 2001 Australia